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Atty Docket No. 025929-000200US

PTO FAX NO.: (703) 872-9306

Confirmation No.: (703) 272-3700

ATTENTION: Examiner Michael J. Araj

Group Art Unit 3732

OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER Michael J. Araj

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of Rush E. Simonson, Application No. 10/696,727, filed October 28, 2003 for VERTEBRAL IMPLANTS ADAPTED FOR POSTERIOR INSERTION are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address

Number of pages being transmitted, including this page: 2

Dated: May 25, 2005

Linda Burgess
Linda Burgess

PLEASE CONFIRM RECEIPT OF THIS PAPER BY
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PTO/SB/02 (09-04)

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/690,727
	Filing Date	October 28, 2003
	First Named Inventor	Rush E. Simonson
	Art Unit	3732
	Examiner Name	Araj, Michael J.
	Attorney Docket Number	025929-000200

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: **20350**

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: **20350**

OR

☐ Firm or Individual Name

Address

City State Zip

Country

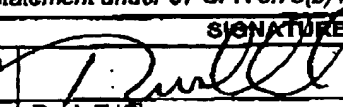
Telephone Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature 

Name Rush E. Simonson

Date **5/24/05** Telephone **(941) 383-7823**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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